**COUNTY USE ONLY** 

TYPE OF APPLICATION

Recert

☐ New

Restoration

Date Received:

## APPLICATION FOR FOOD STAMPS — PART 1 (DFA 285-A1)

IF YOU HAVE A DISABILITY AND NEED HELP APPLYING FOR OR CONTINUING TO RECEIVE CASH AID, FOOD STAMP BENEFITS, AND SERVICES, TELL THE COUNTY WORKER.

**INSTRUCTIONS:** You can apply for food stamps at the welfare office at any time during business hours, even the first day you call or visit. If you are eligible, your benefits will be figured from the date you apply. You should be told if you are eligible or not, within 30 days after you apply. To apply, give us your name and address and sign on this page. Before we can tell you if you are eligible, you need to complete Part 2 of the application and be interviewed. You can turn in Part 2 with Part 1 or you can bring it to your interview.

- If you have trouble answering questions or getting any proof, a worker will help you.
- If you are not an adult member of the household, you must have a written note signed by the head of household or another household member saying that you can apply for the household.

FOOD STAMP EXPEDITED SERVICE You have the right to get food stamps within three days, if you qualify. Here's how:

Your household needs to be eligible for food stamps and have:

No more than \$100 liquid resources and less than \$150 income before deductions. (See other side of page for what we mean when we say income and liquid resources.)

OR

Rent or mortgage and utility costs that are more than your liquid resources and this month's income before deductions.

OR

No more than \$100 liquid resources and at least one member who is a migrant or seasonal farmworker.

If you need Food Stamps right away, complete Section B below. If we think you might be eligible to get your benefits within 3 days, you will also need to fill out Part 2 right away and give us proof of your identity. We'll tell you what other proof you need to show us

you can apply for the household.	proof you need to show us.	ity. We in tell you what earler	
Before you complete Sections A and B, read the back page.			1
SECTION A APPLICANT INFORMATION			
Name (First, Middle Initial, Last)	2. Socia	l Security Number	
3. Home Address: (Number and Street)	Mailing Address (If Different) (Number and Street)		
City/State Zip Code	City/State	Zip Code	
5. Is Your Home Address Permanent? If no home, tell us  Yes No No Home	where you live. 6. Have you recei before?	ved Food Stamps anywhere  No If yes, where?	Homeless □ Yes □ No
7. If you are homeless, are you staying temporarily in the home of someone else?			
If Yes, when did you begin staying in this home?  8. Home Phone Number Message Phone Number  9. Is anyone a migrant or seasonal farmworker?   Yes No			
□ American Indian or Alaska Native       □ Japanese       □ Korean       □ Guamanian       □ Samoan       □ Vietnamese       □ Asian Indian       □ Laotian       □ Hawaiian       □ Other Asian or Pacific Islander (Specify):       □ Tagalog			Ethnic Group Primary Language  Section B
Other (Specify)			☐ Not completed
SECTION B COMPLETE ALL QUESTIONS IF YOU NEED FOOD STAMPS RIGHT AWAY			☐ Screened for ES
11. How much total liquid resources does everyone, including children, have?  \$ (See back of form for what Liquid Resources are.)  14. How much is your mortgage or rent this month?  \$			Date By(Initials)
12. How much income did everyone, including children, get or will they get this month? (See back of form for what we mean by Income.)  \$ Date \$ Date \$  \$ Date \$ Date \$  Date \$ Date Date \$  Date \$ Date Dat		FS Referred for:  ☐ ES Processing  ☐ Regular Processing	
13. Has your household's only income stopped?  ☐ Yes ☐ No	16. How many people who live in your home buy food and fix meals with you? (Include yourself.)		
17. Signature (Head of household, household member or a l certify that the County has told me of my right to Exp		Date	Case name:
Witness, if you signed with an "X"		Date	Case Number:
		1	

## WHAT WE MEAN WHEN WE SAY

**You, Anyone, Everyone** – any and all persons who live in your home and who are applying for food stamps. When we need information about the other people in your home, we will ask you.

**Your Household** – you and the people who eat with you.

Food Stamps – benefits for low income households to help buy food.

**Food Stamp Expedited Service** – food stamps available to you within three days.

Income - money received or expected, such as:

- earnings, welfare, child support, SSI or Social Security, or veterans payments
- pension or retirement payments
- unemployment (UIB), State Disability (SDI) or other disability
- strike funds, payments from roomers, school grants and loans
- cash gifts, cash winnings, or any other cash payments

**Liquid Resources** – other money you have, such as:

- cash on hand, uncashed checks; money in checking accounts, savings accounts; or savings certificates; etc.
- trust deeds, notes receivable, stocks or bonds, etc.

**Utilities** – gas, electricity, heating fuel, telephone (basic rate), utility installation, garbage and trash pickup, water sewage, etc.

**Cash Aid** – AFDC (Aid to Families with Dependent Children), and Refugee Assistance, County's local Cash Aid Program (General Assistance or General Relief).

## OTHER THINGS YOU SHOULD KNOW

- You can apply for food stamps and cash aid at the same time and have only one interview for both, except when you apply for General Assistance/General Relief (GA/GR) as a cash aid.
- You must report mail loss of your Food Stamps, Authorization Document (AD), or issuance cards before the end of the month in which you should have gotten them. But if they were stolen or destroyed you must report your loss within 10 days of the incident.

- If you receive too many food stamps, you will have to pay them back and/or your benefits may be lowered or stopped.
- Your Social Security Number (SSN) will be used to check identity, to prevent duplicate participation and to verify eligibility and benefits. The SSN will be used in computer matches to check your income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with you and with employers, banks, or others. Fraudulent participation in the Food Stamp Program may result in criminal or civil action or administrative claims.

Providing your SSN is not required for Part 1. You usually have to give us your SSN(s) or proof of application for your SSN(s) before we can give you any benefits.

## **COMPLAINTS AND STATE HEARINGS**

If you have a complaint, try to work it out with the county. If you can't work it out, you may call or write to:

California Department of Social Services
744 P Street
Sacramento, CA 95814
Phone Number: 1 (800) 952-5253,
or for the hearing impaired call 1 (800) 952-8349

If you think any action taken by the County is wrong, you can ask for a State Hearing by writing to your local county welfare office or by calling the phone numbers listed above. You must ask for a hearing within 90 days of the action and tell why you want one.

The law says that all applicants/recipients for aid, benefits, or services are to be treated fairly without regard to race, color, national origin, political affiliation, religion, marital status, sex, age or disability.

If you think you have been discriminated against, you may file a complaint by:

- contacting your county's civil rights coordinator; or
- writing to:
  - the state's Civil Rights Bureau, M.S. 15-70, P.O. Box 944243, Sacramento, CA 94244-2430
  - or for Food Stamps only:
    Secretary of Agriculture
    U.S. Department of Agriculture
    14th & Independence Avenue, S.W. Room 200A
    Administration Building
    Washington, D.C. 20250